LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
www.hivcommission-la.info

While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES
February 11, 2010

MEMBERS PRESENT	MEMBERS PRESENT, CONT.	PUBLIC	OAPP/HIV EPI STAFF
Anthony Braswell, *Co-Chair*	Dean Page	Robert Boller	Chi-Wai Au
Everett Alexander	Mario Pérez	Pamela Chiang	Kyle Baker
Sergio Aviña	Jennifer Sayles	Miguel Fernandez	Michael Green
Al Ballesteros	Stephen Simon	Susan Forrest	Carlos Vega-Matos
Carrie Broadus	Robert Sotomayor	Gabriel Galinda	Juhua Wu
Fredy Ceja/Chris Villa	Tonya Washington-Hendricks	S. J. Granai	Dave Young
Eric Daar	Kathy Watt	Shawn Griffin	
Whitney Engeran-Cordova	Fariba Younai	Richard Hamilton	
David Giugni		Philip Hendricks	**COMMISSION STAFF/CONSULTANTS**
Jeffrey Goodman		Miki Jackson	
Michael Johnson	**MEMBERS ABSENT**	David Kelly	Carolyn Echols-Watson
Lee Kochems	Carla Bailey, *Co-Chair*	Meyerer Miller	Dawn McClendon
Bradley Land	Robert Butler	Christopher Moore	Jane Nachazel
Ted Liso	James Chud	Julian Sanchez	Glenda Pinney
Anna Long	Nettie DeAugustine	Natalie Sanchez	Doris Reed
Quentin O'Brien	Douglas Frye	Raquel Sanchez	James Stewart
Jenny O'Malley	Angélica Palmeros	Carla Tuff	Craig Vincent-Jones
Ron Osorio	Karen Peterson	Jason Wise	Nicole Werner

1. **CALL TO ORDER**: Mr. Braswell called the meeting to order at 9:15 am.:
   A. **Roll Call** (**Present**): Alexander, Aviña, Ballesteros, Braswell, Ceja, Daar, Giugni, Goodman, Johnson, Liso, Long, O'Brien, O'Malley, Osorio, Page, Pérez, Sayles, Simon, Sotomayor, Washington-Hendricks, Watt, Younai

2. **APPROVAL OF AGENDA**:
   MOTION 1: Approve the Agenda Order ***(Passed by Consensus)***.

3. **APPROVAL OF MEETING MINUTES**:
   MOTION 2: Approve the minutes from the January 14, 2010 Commission on HIV meeting ***(Passed by Consensus)***.

4. **CONSENT CALENDAR**:
   MOTION 3: Approve the Consent Calendar with Motions 4 and 5 pulled for later consideration ***(N/A - No Remaining Motions)***.

5. **PARLIAMENTARY TRAINING**: There was no report.

6. **PUBLIC COMMENT, NON-AGENDIZED**: There were no comments.

7. **COMMISSION COMMENT, NON-AGENDIZED**: There were no comments.

8. PUBLIC/COMMISSION COMMENT FOLLOW-UP: There were no comments.

9. CO-CHAIRS' REPORT:

A. **Committee Co-Chair Elections**: Nominations are open except for the Priorities and Planning (P&P) Committee, which has already held elections.

B. **Executive Committee At-Large Nominations**: Nominations will close and elections be held at the 3/11/2010 Commission meeting. At-Large seats are primary committee assignments for those elected. Mr. Page was nominated by Mr. Ballesteros.

10. **EXECUTIVE DIRECTOR'S REPORT**: There was no report.

11. STATE OFFICE OF AIDS (OA) REPORT: Mr. Vincent-Jones reported OA is still considering who to assign to the Part A planning councils throughout the State. Clarissa Poole-Sims is the temporary representative.

12. **OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT**:

- Mr. Pérez, Director, OAPP, reported Year 20 (3/1/2010 to 2/28/2011) contract recommendations will go to the Board for approval 2/16/2010. They include 36 extensions for Psychotherapy and Substance Abuse (Day Treatment, Detox, Residential and Transitional Housing). Substance Abuse contracts incorporate crystal meth resources from the special initiative supported by the CEO and the Third Supervisorial District. Three Nutrition Support extensions are also recommended.
- Oral Health has been bolstered with expanded resources for some six providers and new contracts with providers new to PWH/A service. Even as capacity develops, endodontics remains a major gap. The USC Dental School contract has been expanded to accommodate that demand and a referral system established to direct endodontic cases to them.
- As discussed at the February meeting, Emergency and Transitional contracts will sunset 2/28/2010 with RCFCI, ARF, SNF and Hospice will be extended one year pending issuance of a new RFP.
- In other RFP news: SPA 1 recommendations are expected within the week; the Meth Training RFP has closed, but work continues on some issues; the Benefits Specialty RFP closed with a goal to complete work by 7/1/2010; a Faith-Based Community Health RFP opened a couple of weeks ago; work has begun on Health Insurance Premiums and Cost-Sharing Program and completion is expected in one year by RFP or more quickly if another process can be identified.
- The next RFPs to open will be Medical Outpatient and Residential Services. Those will be followed either by the Data Management System or the Health Insurance Premiums and Cost-Sharing Program depending on which can be initiated most quickly.
- Mr. Pérez noted OAPP works to streamline the RFP process, e.g., through step overlap and concurrent County reviews. Mr. Vincent-Jones added the process is also a Commission focus, e.g., through the Assessment of the Administrative Mechanism.
- There are plans to review Substance Abuse, Home-Based Case Management and Transitional Case Management toward the end of 2010 with a particular view to ensure the continuum of care and improve efficiency.
- Staff is reviewing key Medical Care Coordination (MCC) clinical/nonclinical case management elements and their relation with the MCC framework. Commission/OAPP discussions will follow to refine information for the development of an RFP.
- Mr. O'Brien said the HIV Medical Outpatient Provider Caucus (HMOPC) felt that Medical Case Management (MCM) funding should be ensured prior to fee-for-service MO contracts. Mr. Pérez said existing MCM will be teased out of the new MO fee-for-service contracts so it can continue on a cost-reimbursement basis until the entire MCC portfolio can be reviewed.
- All congratulated Mr. Pérez on his appointment to the Presidential Advisory Council on HIV/AIDS (PACHA).

A. **Ryan White Part A FY 2010 Application**:

- Ms. Wu, HRSA Grants Manager, OAPP, presented on the FY 2010 Ryan White Part A 80-page annual competitive application for the 56 EMAs. It is the basis for the one-third supplemental portion of the award. The guidance was released 9/11/2009, due 10/30/2009 and submitted 10/29/2009. The formula part of the award is expected in March.
- A minimum 75% of the award must support core medical services to keep people in care and achieve medical outcomes.
- The award is also based on the number of living PWH and PWA certified by the CDC. An estimate of those aware of their HIV+ status, but not in care (unmet need), is also required. The total prevalence is estimated at 62,000 to 65,000 comprised of 24,141 PWA, 24,141 to 27,118 PWH and 13,000 undiagnosed.
- HRSA emphasizes Quality Management including three sets of clinical outpatient performance indicators published by HAB as well as indicators for Oral Health, ADAP and MC. OAPP uses most of these in monitoring.
- Ryan White is defined as funding of last report. Clients must be screened annually for financial eligibility. Providers must access third party payer resource(s) first if a client is eligible for any.

- President Obama signed the Ryan White Treatment Extension Act of 2009 on 10/30/2009 triggering new requirements effective 9/30/2009 and adjusting distribution of the total 100 points to add a seventh section. Information on the new section was due to HRSA 1/15/2010. Sections with previous and new point totals are:
  Section 1, Demonstrated Need: includes disproportionately impacted populations, service gaps, co-morbidities, the cost and complexity of care, impact of Part A funding, populations with special needs, unique service delivery challenges, impact of Ryan White funding decline and unmet need, remains at 34 points;
  Section 2, Access to Care and Plan for FY 2010: encompasses the LAC Continuum of Care, 20 points reduced to 9;
  Section 3, Grantee Administration and Accountability: includes new fiscal requirements, 10 points reduced to 5;
  Section 4, Planning and Resource Allocations: focuses on Planning Council (PC) responsibilities and includes a PC Letter of Assurance that Part A funds were expended as allocated, 19 points reduced to 10;
  Section 5, Budget and Maintenance of Effort (MOE): budget includes caps of 10% for Administration and 5% for Quality Management, while MOE changed from a dollar amount to a listing of core medical and support services budget elements and a description of how they will be tracked, 5 points reduced to 2;
  Section 6, Clinical Quality Management: Includes performance indicators, their measurement and data on improved clinical health outcomes, 12 points reduced to 6;
  Section 7, Early Identification of HIV+ Individuals (new): Awareness, diagnosis and linkage to care, 34 points.
- Mr. Guigni noted LACHNA provides significant information on unmet need and gaps. Mr. Vincent-Jones said work on LACHNA is beginning now for the summer in preparation for Comprehensive Care Plan revision and the PPC's Prevention Plan.
- Ms. Broadus asked about budget planning. Mr. Vincent-Jones replied recent cuts, while painful, were under P&P review for some time, are part of SOC Continuum of Care planning and were addressed with OAPP. The new P-and-A process is also being extended to better address them. Ms. Watt noted many cuts are to services that the Commission does not prioritize/allocate (e.g., such as HIV prevention), so interaction with Ryan White is more critical.
- Ms. Broadus asked how the application addresses "parity". Ms. Wu responded that HRSA does not define it per se but instead asks for descriptions of geographic access, quality, comprehensiveness and cultural appropriateness of services.

13. HIV EPIDEMIOLOGY PROGRAM REPORT: There was no report.

15. **PREVENTION PLANNING COMMITTEE (PPC) REPORT**: Mr. Giugni reported on the 2/4/2010 Annual Planning Meeting. It used a retreat format to discuss: the past year's achievements; PPC evolution; its roles and responsibilities; program collaboration and service integration, e.g., integration of Hepatitis C and TB with HIV and STD testing; PPC skill/strength assessment; body structure including effectiveness of subcommittees and task forces; vision; and action items for next year.

A. **HIV Counseling and Testing**:

- Mr. Hendricks called attention to a packet of information developed by the HIV Counseling and Testing (HCT) Work Group and its accomplishments, e.g., the 1/22/2010 HIV Testing Summit. He then presented their recommendations.
- The first group to focus on the subject was a Mobile Testing Work Group sponsored by OAPP before 2005 to address issues, such as coordinating routes. The group was disbanded after changes in the contracts.
- The PPC established the HCT Work Group as a subcommittee of Standards and Best Practices in 2006 and approved its recommendations in 2007: adopt UCHAPS' recommendations; adopted 2006 CDC HIV Testing Guidelines for routine testing of those 13-64 in health care settings, and prioritize other testing of high-risk individuals to maximize funds; HCT Work Group recommendations as noted below:

Recommendation	Action
Increase percentage of allocation for HIV Testing	Completed: allocation increased from 23% to 30%
Keep targeted testing of high-risk individuals a priority	Completed: 2009-2013 Prevention Plan identifies Target Populations and Critical Target Populations
Support targeted tested in highly impacted areas	Completed: prevention plan identifies zip codes and OAPP testing events target high-impact areas
Allow for new testing technologies and algorithms	Ongoing: implementing rapid testing algorithm/NAATI
Support CT models that consider repeat/low-risk testers and allow for self-risk assessment	Ongoing: implementing two-tier model
Support multiple morbidity testing in appropriate settings	Completed: three MTUs are funded and new STD test sites being sought
Continue testing in high-risk venues	Ongoing
Support all HE/RR clients know their HIV status	Completed: objective in all HE/RR SOWs

HE/RR programs, as appropriate, provide HIV testing access directly or through partner organizations	Ongoing: expectation that HE/RR programs will collaborate with HCT providers
Encourage HIV testing in all HIV/AIDS social marketing	Ongoing: all OAPP campaigns promote testing
Cross-train all counselors, e.g., substance use, hepatitis	Completed: in contract language
Incorporate and increase continual collaboration and referrals with PCRS in care and prevention settings	Ongoing: HCT counselor training required and assessment of testing agencies on partner services
Support HIV testing in incarcerated settings	Completed and Ongoing: Public Health Department Jails testing project (OAPP and STD Programs)
Review all HCT data collection instruments and update to reflect new planning model	Completed
Training availability to ensure capacity of providers to implement HCT services	Ongoing: training on two-tier model with first Quarterly HCT coordinators' training 2/1/2010; trainings in OAPP training calendar; PPC's SBP and HCT Work Group identifying additional trainings.

- The HCT Work Group meets the third Thursday of the month, OAPP, 9th Floor, 10:30 am to 12:30 pm. The 2/18/2010 meeting will set the 2010 Work Plan including protocols for storefront testing and linkage to care. All are welcome.
- Geo-coding helps identify high-risk populations who might not self-identify, e.g., African-American and Latina women.
- Ms. Watt noted a large percentage of HIV CT is done outside County purview. Mr. Pérez added OAPP provides direction to providers in identifying non-duplicative Mobile Testing Unit sites for the nearly dozen vans. Ms. Broadus said testing in her area often cannot handle the demand and would benefit from two vans. She suggested tracking usage.
- Bath houses/sex clubs were required by Board motion to pay for testing based on research indicating high prevalence. Owners have been developing their own data, which challenges that prevalence level and may propose reversal.
- Ms. Watt stressed coordination with STD testing: her agency's last three HIV+ tests were prompted by a syphilis test. Mr. Hendricks noted three vans test for HIV and STDs since several lost STD funding. Dr. Sayles said OAPP is discussing joint testing with STD Programs. AHF is independently expanding joint services.
- Mr. Page asked about Hepatitis C testing. The three multiple morbidity vans include that testing. A master list of testing sites is being developed. Dr. Sayles added there are multiple public health efforts countywide to expand testing.
- Ms. Washington-Hendricks asked about testing incentives. Mr. Hendricks said some providers offer them, but they seem to attract more repeat testers, which increases costs. Comparative data on the use of incentives is not now available.
- Mr. Aviña asked about cost effectiveness and cultural issues. Mr. Hendricks said the PPC is engaged in a major cost effectiveness initiative and the HCT Work Group is directly involved. Cultural and linguistic issues are not specific Work Plan goals, but he will bring all feedback to the HCT Work Group and encouraged all to participate.
- Mr. Pérez said OAPP data on cost per test of different modalities at different programs helps determine resources based on investment return. Starting last year, OAPP also began assessing quality of new testing technologies and their implementation. OA now provides about $500,000 worth of OraSure annually, but is considering other products. OAPP would prefer a broader range of products so it could choose the most appropriate, cost-effective for each setting.
- He noted the Commission/PPC Latino Task Force can help with cultural sensitivity issues, but emphasized the entire HIV community needs to support ongoing STD detection among PWH where recurrent STD infections are common.
- Dr. Sayles said OAPP is reviewing how best to track linkage of care. One way is to correlate testing with Ryan White clients, but clients might test in one system and access services in another. Douglas Frye, Director, HIV Epidemiology Program, is working with OAPP to determine if countywide test and viral load/CD4 data might be correlated.

16. BENEFITS REPORT: There was no report.

17. **STANDING COMMITTEE REPORTS**:

A. **Standards of Care (SOC) Committee**:

1. ***Medical Outpatient/Specialty SOC***:
   - Mr. Vincent-Jones reviewed the history of the standard. It was first approved 1/12/2006 then revised 3/13/2008. It was re-opened for public comment 10/9/2008 to merge medical outpatient and specialty. That was approved 2/12/2009, but the SOC planned a later review to ensure consistency with the new MCC and Benefits Specialty standards.
   - The review began 4/2/2009 and was extended to 8/6/2009 to ensure Treatment Education (TE) and Medical Nutrition Therapy were appropriately reflected in the medical outpatient context, given the elimination of those services. It was opened for public comment 8/13/2009 and public comment was extended to 10/1/2009. Public comment was extended again in November 2009 and January 2010 to incorporate additional comments.

- Revisions specifically are not intended to require medical providers to offer separate treatment education services, medical nutrition therapy services or dieticians or require co-location of medical outpatient and MCC services.
- Revisions are intended to detail minimum expectations for medical outpatient providers in treatment adherence counseling, nutritional screening and referral. They offer minimal guidance to providers who choose to offer separate TE and/or MNT services. Clinical information is also updated for national guideline consistency.
- The standard requires treatment adherence counseling and assessment for full TE services, if needed. Likewise, it requires nutrition screening, and referral to Medical Nutrition Therapy, if needed. Providers are ethically required to identify needed referral services. Activity can be recorded as medical chart progress notes.
- If providers hire specialty staff, dietician and treatment adherence counselor/educator qualifications are provided.
- A variety of clinical expectations were revised to be consistent with national standards including: ophthalmic referrals, testing frequency, reduction of co-morbid testing to six months/annual depending on the test, therapy start reduced to <350 CD4s, anal pap smear revised to reflect "atypical" conditions, and IGRA added as a TB test option.
- Language was added throughout that practices should follow "national medical standards and current guidelines" and, where appropriate, leaves authority to provider judgment/discretion.
- Prevention messaging was enhanced by adding "sexual activities" to the medical visit sexual history and definitions for "sexually active" and/or "at increased risk" added.
- Ms. Washington-Hendricks recommended printable CaseWatch screens accessible across providers so nutrition screenings in progress notes can be provided when a referral occurs. Mr. Pérez encouraged discussion on provider inter-relationships including shared chart information and service co-location. Mr. Vincent-Jones noted SOC did not mandate co-location in view of the current system, but discussion on supporting seamless services should develop in the planned MCC consultations.
- Ms. Watt asked if medical providers receive sexual history training, Dr. Sayles responded that expectations are in the contracts. Providers are given assistance, if needed, and MSM training is available. Mr. Vincent-Jones noted standards only mandate training in services without staffing requirements or guidelines. The local AETCs also have trainings.
- Dr. Sayles recommended a few final revisions. She previously discussed them with Mr. Vincent-Jones who suggested she could present them for incorporation at the meeting. Mr. Stewart noted the body can approve the wording, approve each revision separately or, as suggested, approve the document with revisions and delegate incorporation of specific language to staff. Dr. Sayles' recommendations are:
  Page 17, Medical Evaluation and Clinical Care, Top Left Box: Medical outpatient evaluation and treatment will be provided every three to four months unless a client is stable, undetectable and on ARV therapy for two or more years to be consistent with PHS guidelines as described elsewhere in the standard.
  Page 20-21, Comprehensive Physical Exams, Left Box: Strike "but no less than annually" and update language to reflect separate measures collected for baseline exams and for follow-up exams as addressed in narrative.
  Page 25-26, Other Assessments: Adjust language and/or arrangement of assessment sections to reflect that rather than every six months: ARV readiness is appropriate prior to ARV initiation; nutrition screening has been previously identified as annual; and treatment adherence assessment should be left for six-month review to be selected, in reference to patient's baseline and current situation.
  Page 35, Standard Health Maintenance, Line Above Box: Delete recommendation for testicular screening and self-breast exams and add clarifying language to encourage education. The United States Preventive Services Task Force recommends against routine testicular screening and notes insufficient evidence for self breast exams.
- Mr. O'Brien noted he forwarded the standard to HMOC. The following are synthesized from their feedback:
  Page 11, Medical Outpatient Visit, Parentheses: Strike "RN" as RNs are not authorized to do such visits.
  Page 22-24, Follow-Up Treatment Visits: Delete "on every visit," "is required at every visit" and pertinent narrative as subjects should be raised appropriate to each patient's current status.
  Page 30, Medication Services, Line 7: The line now states "…the medical outpatient care program is responsible for ensuring the patient will be provided…" required non-ADAP formulary medications. Amend language so that providers are required to do their best to ensure patients get such medications, but not required to provide them.
  Page 39, Coordination of Specialty Care, Left Box: Refer to SOC provision of a written specialist referral report within two weeks of seeing a patient to address concern that the requirement is laudable but unrealistic.
  Page 48, Referral, Top Left Box: Refer to SOC annual linked referral to oral health care to address concern that the requirement is laudable but unrealistic.
- Ms. Broadus recommended:
  Page 22, Follow-Up Treatment Visits, Last Line: Revise "contraception" to add "and family planning."
- Ms. Washington-Hendricks said that, while medical outpatient provider referral to Medical Nutrition Therapy is included, there is no funded service. Mr. Vincent-Jones replied referral need not be to an OAPP-funded service.

- Mr. O'Brien recommended returning the standard to SOC if it is meant to be minimum expectations that translate to contracts. If it is guidance from which contracts draw, then he indicated that it risks excessive requirements.
- Mr. Vincent-Jones clarified this is not a contract, but minimum expectations which should be reflected in contracts. They are documents of accountability which naturally elicit tension with providers seeking maximum discretion and expectations. Expectations were developed by provider physicians and medical professionals convened to do so.
- Mr. Pérez acknowledged tension on whether or not the standard is a basis for contracts. Standards require resources. OAPP expects providers to leverage other resources to meet standards, e.g., OAPP cannot now invest in MNT and dieticians are scarce to meet expected demands. That is taken into account when developing contracts as providers will not sign contracts with unfunded mandates. There have been recent experiences of providers unwilling to do so.
- He also thought the quarterly Medical Advisory Committee (MAC) of 15 to 24 practitioners could have a role in finalizing this standard. HMOC is also valuable in representing the financial and administrative side of care.
- Mr. Vincent-Jones clarified that the Annual Meeting the commitment was made to use the Medical Advisory Committee as the expert review panel for the standard's next formal review, as long as it included other additional experts that the Commission expected. Many of their and HMOC members submitted comments in addition to Dr. Sayles' participation. Creation of standards is a planning council duty in collaboration with other stakeholders. The advantage in that is to ensure that standards are not created solely by the providers to whom the standards apply.
- Ms. Watt added standards are accessible to OAPP as well as other programs for use in developing contract language. Consumers support the best standard of care possible and the Commission's job is to plan such services.
- Dr. Sayles noted that national standards change regularly, e.g., PHS guidelines of 12/1/2009 now recommend initiating ARV for clients with CD4 counts of 350 to 500. That is normal for chronic disease guidelines. The standard seeks to incorporate core elements while referencing those areas that will consequently change. As such, it is guidance for contracts with that caveat. Mr. Vincent-Jones noted language now specifically calls for adherence to national guidelines if they change before the standard can be revised.
- Mr. Johnson noted it is the norm to seek Board delegated authority to update contracts to conform to regulatory, best practice, medical procedure and/or technology changes. OAPP also selects areas to monitor carefully.
- Ms. Jackson attended most meetings and noted few providers did so. She felt they have a responsibility to weigh in early and often whether in person, by email or phone.
- Mr. Goodman asked about consequences of not passing the standard today. Mr. Vincent-Jones felt, having returned to committee several times, sending the standard back again would not be fruitful. Development of the RFP is already in progress.
- When it was noted that about several pages of the standard were missing in a large number of the packets, Mr. Vincent-Jones suggested the Commission postpone its vote to ensure everyone had all of the relevant information available to them.

➲ Per Mr. Engeran-Cordova's request, instruct the Executive Director to request clarification from County Counsel and report back to the Executive Committee regarding the authority of the Commission's standards of care as the basis of service contracts.

MOTION 4: Approve revisions to the Medical Outpatient/Specialty Standard of Care, as presented ***(Postponed)***.
MOTION 4A *(Goodman/Liso)*: Refer the Medical Outpatient/Specialty Standard of Care back to Committee and staff to make the suggested updates and bring the full document back to the 3/11/2010 meeting ***(Passed by Consensus)***.

2. ***Medical Care Coordination (MCC) TA***: There was no additional discussion.
3. ***Evaluation of Service Effectiveness***: There will be a report 3/11/2010. An update was in the packet.

B. **Priorities & Planning (P&P) Committee**:

1. ***FY 2011 P-and-A Timeline***:
   - Mr. Goodman presented the timeline which includes topics for each twice-monthly meeting.
   - The joint P&P and SOC 2/16/2010 meeting will select Paradigms and Operating Values. Last year it was decided to assess the previous year's selections with a complete selection in 2011. That was moved up due to concerns that recent budget issues might impact how people want to approach priority- and allocation-setting.
   - Likewise, the zero sum priority-ranking exercise is another effort to ensure that previous year's choices are not adopted without due diligence to ensure the most needed services receive appropriate ranking in tight times.
   - The service category presentations on 2/23/2010 and 3/23/2010 will be provided by OAPP on select service categories to better inform the P-and-A process regarding data, efficiencies and/or general information. Mr. Pérez noted OAPP may need one more presentation date due to the amount of the material requested.
   - There will be a full brief on the P-and-A process shortly to encourage community participation.

   ➲ The Commissioner Pledge to the FY 2011 P-and-A Process was in each packet to be signed and returned to P&P.

MOTION 5: Approve the FY 2010-2011 Priority- and Allocation-Setting timeline, as presented ***(Passed by Consensus)***.

C. **Joint Public Policy (JPP) Committee**: The report was postponed.

D. **Operations Committee**: Mr. Johnson said training is being developed. Input is requested on the types of training Commissioners need. Email suggestions to Mr. Johnson, Ms. DeAugustine and Mr. Vincent-Jones.

18. CONSUMER CAUCUS REPORT: The Caucus met after the Commission.

19. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS: There were no reports.

20. TASK FORCE REPORTS: There were no reports.

21. **SPA/DISTRICT REPORTS**: There were no reports.

22. **COMMISSION COMMENT**: There were no comments.

23. **ANNOUNCEMENTS**: Mr. Hamilton noted 2/7/2010 was National Black AIDS Awareness Day in Los Angeles. Mr. Hamilton noted that it had been announced to 38 employees and 31 clients that Palms will close at the end of February. Consumers are reluctant to come because they are discouraged. Mr. Pérez said OAPP is working closely with the State Licensing Board to ensure no one will be left homeless.

24. **ADJOURNMENT**: Mr. Braswell adjourned the meeting at 2:05 pm.

A. Roll Call (**Present)**: Ballesteros, Braswell, Broadus, Daar, Goodman, Johnson, Kochems, Liso, Long, O'Malley, Osorio, Pérez, Simon, Sotomayor, Villa, Washington-Hendricks, Watt

MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda Order.	***Passed by Consensus***	**MOTION PASSED**
MOTION #2: Approve the minutes from the January 14, 2010 Commission on HIV meeting.	***Passed by Consensus***	**MOTION PASSED**
MOTION #3: Approve the Consent Calendar with Motions 4 and 5 pulled for later consideration.	***Not Applicable - No Remaining Motions***	**NOT APPLICABLE**
MOTION #4: Approve revisions to the Medical Outpatient/Specialty Standard of Care, as presented.	***Postponed***	**MOTION POSTPONED**
MOTION 4A: ***(Goodman/Liso)***: Refer the Medical Outpatient/Specialty Standard of Care back to Committee and staff to make the suggested updates and bring the full document back to the 3/11/2010 meeting.	***Passed by Consensus***	**MOTION PASSED**
MOTION #5: Approve the FY 2010-2011 Priority- and Allocation-Setting timeline, as presented.	***Passed by Consensus***	**MOTION PASSED**